

1. CORRESPONDENCE ADDRESS

LITMAN, MC MAHON AND BROWN
 1600 ONE KANSAS CITY PLACE
 1200 MAIN STREET
 KANSAS CITY, MI 64105



SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/337,699	04/03/89	021	DALEY, E	06/04/90
First Named Applicant: ANDRZEJ ROWSKI, DAVID S.				

TITLE OF INVENTION: WOUND DRESSING AND TREATMENT METHOD

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE	DATE DUE
82000	504-505.000	F92	UTILITY	YES	12-1660	07/04/90

DO NOT USE THIS SPACE

2a. The following fees are enclosed:

☒ Issue Fee ☐ Advanced Order - # of Copies _____
 (Minimum of 10)

2b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 12-1660

☐ Issue Fee ☐ Advanced Order - # of Copies _____
☒ Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

Mark Brown



(Date)

8-31-90

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS <div style="text-align: center;">   </div> <p style="text-align: center;">LITMAN MC MAHON AND BROWN ONE KANSAS CITY PLACE 1200 MAIN STREET KANSAS CITY, MI 64105</p>	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME _____ Street Address _____ City, State and ZIP Code _____ CO-INVENTOR'S NAME _____ Street Address _____ City, State and ZIP Code _____ <input type="checkbox"/> Check if additional changes are on reverse side
---	--

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/332,699	04/03/89	021	DALEY, K	336 06/04/90

First Named Applicant ZAMIEROWSKI,	DAVID S.
--	----------

TITLE OF INVENTION WOUND DRESSING AND TREATMENT METHOD

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 89003	804-305.000	F92	UTILITY	YES	310.00	09/04/90

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 <u>Litman McMahon</u> 2 <u>& Brown</u> 3 _____

DO NOT USE THIS SPACE

070 TL 09/07/90 07332699

1 242

310.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE: _____ (2) ADDRESS: (City & State or Country) _____ (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION _____ A. <input checked="" type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ (Minimum of 10) 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>12-1660</u> (Enclose Part C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10) The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Signature of party in interest or record) <u>Mark Brown</u> (Date) <u>8-31-90</u> NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.
---	---

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on August 31, 1990
(Date)

Cammie Dorrell
(Name of person making deposit)

Cammie Dorrell
(Signature)

August 31, 1990
(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing.

This form is estimated to take 20 minutes to complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.